

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576301

FILING DATE

APPLICANT(S)

	CLAIMS											
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51						
2	1					52						
3	2					53						
4	2					54						
5	2					55						
6	2					56						
7	2					57						
8	2					58						
9	1					59						
10	1					60						
11						61						
12						62						
13						63						
14						64						
15						65						
16						66						
17						67						
18						68						
19	1					69						
20	1					70						
21						71						
22						72						
23						73						
24						74						
25						75						
26						76						
27						77						
28						78						
29						79						
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33						83						
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36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.			3									
TOTAL DEP.			16									
TOTAL CLAIMS			19									